

To Education Committee,

In 1997, I lost my youngest son, Jason – age 16, to a "Silent Epidemic" that still today is one of the leading causes of death for our youth nationwide. To lose a son, daughter, grandson or granddaughter is one of the most terrible things that can happen to a parent or grandparent...especially if the tragedy could have been prevented.

Suicide is the 2<sup>nd</sup> leading cause of death for young people ages 10-24 in Montana and specifically for ages 12-18, your middle and high school age youth. Nationally, suicide is listed not only as one of the "leading causes of death" for our youth...but one of the "leading causes of **PREVENTABLE** death" for our youth. According to the 2013 Youth Risk Behavioral Survey – CDC / Montana:

- 16.8% of surveyed youth in Montana reported "seriously considering suicide" in the past twelve months. If nothing is done differently to affect this percentage, that will mean over 10,000 youth in Montana will "seriously consider suicide" in the coming twelve months.
- 7.9% of the surveyed youth in Montana answered "YES" when asked if they had attempted suicide in the past twelve months. If nothing is done differently to affect this percentage that will mean over 5,000 youth in Montana will come to a point in the next twelve months that will lead to a suicide attempt.

It is *doing something differently* that I want to ask your support. Education and awareness are the basis for building the foundation for the prevention of youth suicide. The training of teachers, as a primary goal, is listed as part of the National Strategy for Suicide Prevention. Providing educators with the information, tools and resources to better recognize and respond to at-risk students for suicidal ideation will save lives! Four out of five youth who will attempt suicide will demonstrate "warning signs" before the attempt. This training IS NOT to make them counselors, but to be able to recognize and assist in getting help for possible at-risk students.

MT / HB 374 is sponsored by Representative Edie McClafferty in the house. This legislation, modeled after The Jason Flatt Act that has been passed in 13 states, will require educators to include as part of their "required subjects" for In-Service Training modules on youth suicide awareness and prevention. The bill also has no-fiscal note.

If you have not signed on a co-sponsor, I hope you will consider doing so and by supporting MT / HB 374, you will help "do something different" that will save young lives in Montana. If you would like more information, please contact Representative McClafferty or myself (clarkflatt@jasonfoundation.com) and we will be glad to provide any additional information you may need for your consideration.

Thank you for your time and I hope support.

Regards,

Clark Flatt

President, The Jason Foundation, Inc. and "Jason's Dad"

Educational Programs and Seminars in Awareness and Prevention of Youth Suicide

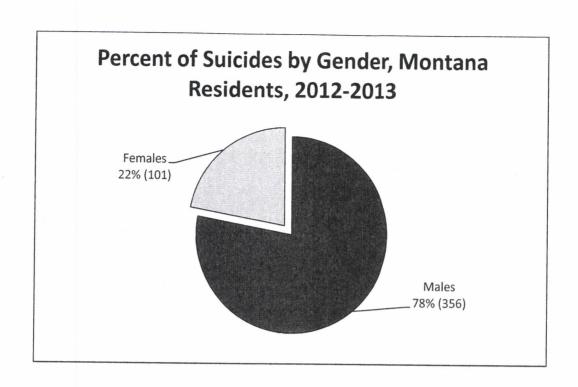
18 Volunteer Drive Hendersonville, Tennessee 37075

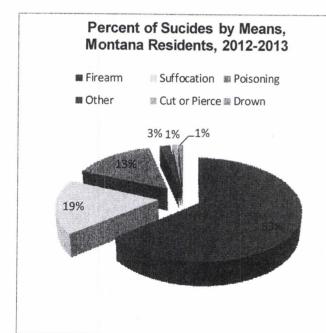
Phone: 615-264-2323 • Fax: 615-264-0188 • Toll-Free: 1-888-881-2323 • www.jasonfoundation.com

## Suicide in Montana

Data Source: 2011 National Vital Statistics Reports (June, 2014), Montana Office of Epidemiology and Scientific Support (August, 2014), Montana Youth Risk Behavior Survey (July, 2013)

- ❖ For all age groups, Montana has ranked in the top five for suicide rates in the nation, for the past thirty years. In a report for 2011 in the National Vital Statistics Report, Montana is tied for the highest rate of suicide in the nation (232 suicides for a crude rate of 23.3)
- In 2013, there were 231 suicides for a rate of 22.8/100,000 compared to a national rate of 12.7
- Suicide has ranked as the 7th or 8th leading cause of death for Montanans for more than two decades. Gender differences are similar with national statistics, with males at greater risk.
- ❖ In Montana, the highest rate of suicide is among American Indians (26.4 per 100,000) although they only constitute 6% of the state's population. Caucasians are second at 22.3 per 100,000.
- ❖ Firearms (63%), suffocation (19%), and poisoning (13%) are the most common means of suicide in Montana. Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.
- ❖ In Montana in 2013 there were 40 youth suicides (ages 15-24) for a rate of 23. This compares to the national rate for the same age group of 10.54. Over the last two years 75% of the youth suicides were completed by firearms.
- ❖ According to the 2013 Youth Risk Behavior Survey, during the 12 months before the survey, 7.9% of all Montanan students in grades 9 through 12 had made a suicide attempt and 12.1% of 7<sup>th</sup> and 8<sup>th</sup> graders. For American Indian students on reservations, 15.1% had attempted suicide one or more times in the twelve months before the survey and 20.6% of American Indian students attending school in an urban setting.
- Suicide is the number one cause of preventable death in Montana for children ages 10-14
- Over the past ten years suicide is the number two cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-44.
- For 2012 and 2013, there were 70 suicides for Montanans over the age 65, for an average of 35 per year. This gives Montana a rate of approximately 21.67 per 100,000.
- ❖ Studies show that for every completed suicide, there are 6 survivors. Given there are approximately 220-240 suicides in Montana every year, that means there are about 1,400 new survivors every year in Montana. A survivor of suicide is 3x the risk of completing suicide themselves.





Suicide Rates, By Mechanism, 2012-2013  Montana Residents  Provided by Office of Epidemiology and Scientific Support, Montana DPHHS  AGE  UNDER 18 18 AND OLDER				
	Num	Pct	Num	Pct
All	16	100	441	100
Firearm	12	75	278	63
Suffocation	4	25	84	19
Poisoning	0	0	59	13
Other Methods	0	0	13	2.9
Drown	0	0	4	0.9
Cut or pierce	0	0	3	0.7